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VISITING NURSES IN THE HOMES OF TUBERCULOUS PATIENTS

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AS FAR back as ten years ago, at the Nurses' Settlement in New York, the nurses taught the tuberculous patients whom they visited the care of sputum and supplied them with cups, and the various District Nursing Societies of the country have for some years given care and instructions to the consumptive patients who came under their charge in the round of daily visits.

The specialized work, however, of house visitation of tuberculous patients by individual nurses is practically a new idea, and clearly an outgrowth of the great impulse set in motion by the medical profession in its war against consumption.

The number of nurses who have so far been engaged in this special work is small and limited to two or three cities. The results of their work are out of all proportion to the number of nurses engaged in it, but as records either complete or partial in some instances have not been kept, and in others are not available for our purposes, having been incorporated in other reports, we are unable to present statistics which shall show in any convincing manner the amount and nature of the work which we know is being done. Its true value, therefore, at present, from some standpoints, cannot be justly estimated. Our only means of information in a general way is from the letters of the nurses in charge of the work of the societies, and these are almost without exception interesting, suggestive, and full of promise of future results. A brief summary of their contents may, perhaps, be acceptable in default of more satisfactory data. Taking as a basis the few large cities in which the most systematic work in this direction has been done, we find:

Number of tuberculous families visited during the year 1903 by the regular staff of nurses in the course of their daily work in these four cities are:	
Chicago (16 nurses)	408 families
Philadelphia (14 nurses)	65 families
Baltimore (5 nurses)	110 families
Washington (7 nurses)	144 families
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Total	727

Visiting Nurses in Homes of Tuberculous Patients.—Nutting 501

Number of families visited by Miss Grace Forman, the visiting nurse of the Vanderbilt Clinic in New York.....	339
<i>(This record is for nine months only.)</i>	
Number of patients visited by Miss Reba Th��lin, the visiting nurse of the Johns Hopkins Dispensary, Baltimore	42
<i>(This record is for seven weeks.)</i>	
Number of tuberculous patients visited by the Visiting Nurses' Society, Boston, in four months.....	245
Number visited by the Charity Organization Society, New York (exact time not given).....	98
Total	724

We have records, therefore, of fourteen hundred and fifty-one families visited during the year in six cities, each family representing not only the first visit of investigation, but as many subsequent visits as may be required to care for the patient, to instruct, and to see that instructions are carried out. The number of visits ranges from six to twenty, and in some exceptional instances to even a greater number.

The comparison of the number of tuberculous families reached by the visiting nurses on general duty and by those who are specially occupied in this work is rather striking. In Chicago, for instance, we find a record of four hundred and eight cases visited during the year, part of the general work of a Nurses' Society of about sixteen members. In New York the *one* visiting nurse of the Vanderbilt Clinic has visited three hundred and thirty-nine families in nine months. The same holds true of Baltimore. The visiting nurse of the Johns Hopkins Dispensary in seven weeks has visited forty-two families; the total records of the work of the Visiting Nurses' Society in this direction with four or five nurses for one year cover one hundred and ten patients and families.

A comparison of the cost of treating tuberculous patients in their homes and in hospitals is interesting and exceedingly important from an economic point of view. It costs not less than one dollar per day to care for one patient in a hospital. In most good hospitals the cost per day is from one dollar and fifty cents to two dollars and over. The sum so spent in caring for one patient for one year would be from four hundred to six hundred dollars. This sum is almost enough to supply a visiting nurse, who in one year, as has been shown, could and does visit from four to five hundred patients. Hospitals reach the consumptive few, nurses the consumptive many, and if we have any hope of reaching even a moderate proportion of the ninety-eight per cent. of tubercular patients who, Dr. Osler says, must be treated in their homes, the provision of a sufficient staff of nurses in each city especially devoted to this particular work would seem to be a necessary initial step.

It is hard to see how in any other way satisfactory information can be obtained concerning the lives and habits of the people upon which every step of further effective treatment must be based.

The exact conditions of the household, the attitude of the patient and family, the advisability of hospital or home care, the relief necessary in each case, and the right source from which to obtain it, are questions of prime importance, requiring thought and the special judgment which comes with experience in any special line of work.

The new commandments of fresh air, nourishing food, rest, and care of sputum must not only be taught, but by constant watchfulness secured and maintained. These things must be taught in one household in one way and in the next possibly by a totally different set of arguments.

Fresh air is brought to the patients by means, first, of slow education on the subject of open windows. Little by little the patient is made to feel the benefit and necessity of fresh air, first in the daytime, then at night, the latter being usually harder to accomplish. In those households of but one or two rooms, where the scanty supply of clothing and fuel makes comfortable warmth hard to secure at best, open windows for the patient mean a great sacrifice for the other members of the family. When there is anything in the way of a small veranda, balcony, or yard, the patients are often induced to spend the greater part of the day there, and for their comfort and protection the nurse secures an arm or steamer chair and warm, comfortable clothing. When there is no such adjunct to the house, an excellent method is one which seems to have been carried out quite thoroughly in Washington. The visiting nurses there are supplied with a number of wheeling-chairs, and patients unable to obtain enough fresh air in their own homes and premises are wheeled daily into the nearest small public square or garden, or possibly the garden of a neighbor, there to remain some hours. The head nurse of this society, Miss Washington, informs me that several wheeling-chairs are in constant use for the purpose of bringing tuberculous patients to the fresh air they could not otherwise obtain. What an argument for adding in every way to the green spaces which in London they call the "lungs of the city."

From Minneapolis we learn of a patient whose improvement is due to the hours spent daily on the sunny porch of a well-to-do woman of benevolent impulses. A small fund enables some district nurses to provide long, open trolley-rides to such patients as are able to take them. I should add that in the region of closely packed tenement houses, when other means have not been available, the nurses utilized roofs and fire-escapes for their patients. By these simple methods, and probably others of which we have not heard, it is possible to bring fresh air in some

degree to almost all patients, and it seems evident that almost invariably after having once become accustomed to it they "crave it," as one nurse writes, and will be found by the nurse in her subsequent visits with windows wide open.

In almost all of the households of the poorer classes the sleeping-accommodation is so limited that it is a problem to arrange matters so that a tuberculous mother, for instance, to quote one case found by the nurse, will not share the same bed with her three little children. It is a common matter to find a tuberculous patient sharing his bed with others, and by the close contact for prolonged periods rendering the chances of conveying infection much greater.

In some instances the nurse has found it possible to secure a separate room for the patient, but when this could not be done a small folding cot and bedding have been loaned for his special use. A very considerable number of patients have been supplied by nurses in this way with separate sleeping-accommodations. In Chicago forty-two patients were cared for in this way during the last year, in Baltimore twenty-eight, in Washington twenty-seven.

The disposal of sputum is generally accomplished by the use of sputum-cups, which are quite liberally supplied to societies for distribution by nurses. Anything which can be completely destroyed is, perhaps, more desirable than those articles which need periodical disinfection. For the purpose the use of small, stout paper bags as a receptacle, with Japanese paper napkins, common tissue, or even toilet paper, is recommended. The bags and their contents can be burned daily or as often as is necessary. The paper bags can be doubled, if necessary, and are not to be compared in cost with sputum-cups, even of the least expensive kind, while the advantage of simply burning the article instead of supplying chemical disinfectants to be used, intelligently or not, in the nurse's absence is obvious. The great expense in the care of such patients in their homes is and must continue to be in providing the proper supply of nourishing food. Nothing could be more clearly shown than the belief which is so prevalent among the nurses as to amount almost to a creed that lack of good, nourishing food is the cause of much of the trouble. Their efforts, consequently, are strongly and continually directed towards obtaining for their patients a liberal supply of nourishing diet. No matter what else fails, this must not. Milk, the best quality to be had, from one quart to two and a half quarts daily, and eggs, from four to eighteen within the twenty-four hours, are sent according to the patient's condition and needs to supplement his daily fare. While these are the staple supplies, meat, fruit, and other articles are occasionally added. The rapid gain in weight in many instances following the liberal use of milk and

eggs is one of the most satisfactory results of the work in the great encouragement it gives the patient as well as the nurse. Through diet kitchens, relief societies, and benevolent individuals the need in this direction is largely met, but the probabilities are that the demands on these sources of supply for such help will continue to increase greatly in the immediate future.

The observations made by nurses of the daily fare of the poorer working classes show distinctly the need of making the question of nourishment one of paramount importance. "Of what use are all other efforts," said a nurse to me recently, "so long as my patient (a small child with tuberculous trouble) often has nothing but bread and molasses for the three meals of the day?" In Baltimore the visiting nurse of the Johns Hopkins Dispensary is, among other things, making a careful study of the dietaries of the tuberculous patients whom she visits, and it is to be hoped that, later, students of domestic science will bend their energies to working out and placing within the homes of the great masses of the poorer working people; transplanted from other countries where food supplies are different, simple instructions telling how to buy and prepare simple, suitable, healthful food, cheap enough to be within their reach.

For the protection of the patients who must spend every possible hour out-of-doors warm clothing is absolutely necessary, and here again the charitable agencies and philanthropic individuals meet the needs in all instances where the patients can do little or nothing to help themselves. Small comforts for emaciated patients need not take the costly form of rubber rings, but rings as well as pads may be made of cotton or oakum and covered with gauze easily destroyed by burning. An economical article for use in keeping the patients' feet warm while out-of-doors is the old-fashioned country method of wrapping a hot brick in strong paper. It keeps the heat some hours.

An important point in the instruction of patients relates to the isolation of dishes. This is done very generally, and an endeavor is made to have the patient's dishes kept on a separate tray, quite apart from those used by the rest of the family. With the standard of cleanliness which obtains in the average poor household, especially in regard to dish-washing, there is no more necessary precaution than this. They are taught that the dishes should be rinsed in boiling water and boiled at least once daily.

An instance is recorded, found by a visiting nurse in New York, of a bar-tender who traced his own illness to the habit of drinking after others in the saloon where the glasses were rinsed in cold water only "between drinks." It would be an interesting and valuable piece of investigation to look into the dish-washing methods in the various places

where the public in large numbers follow each other rapidly for food and drink at counters, from the soda-water fountain to the ice-cream and hot-coffee counter at the "quick-lunch" resorts.

Probably no one feature of the work of the visiting nurse exceeds in value that watchfulness which keeps the Board of Health constantly informed of the need of disinfection of room or premises following removal or death. The actual number of such houses disinfected is surprisingly large in the few instances of which we obtained records. In reply to a question asked of a nurse engaged in this special work in New York we are told that the number of such houses is much greater than the number of her patients. "They become ill, discontented, blame their surroundings, and are inclined to move often." One patient in Baltimore moved five times within the year.

An exceedingly interesting phase of the work in Boston is the coöperation between the Committee for the Control of Tuberculosis and the Visiting Nurses' Society, by which the nurse who visits obstetric patients reports to the district doctor any symptoms suggestive of tuberculosis in an expectant mother. She is examined, and if tuberculosis is found, arrangements are made to put the baby at once upon modified milk.

Without variation the cry comes from every nurse and every society, "Our patients are nearly always in an advanced stage before we are brought to them." We can do much to bring relief and comfort, but until such patients can come into our hands in an earlier stage of the disease, improvement or cure can only be expected in rare instances. Much, however, can be done beyond the actual *alleviation* of the condition, work so dear to the heart of the nurse, the achievement of which has been for so many ages her sole thought. Even though the patient himself may not be saved, the safeguarding of an entire family from further danger of infection is what is being daily achieved in this work of nurses in the homes. It is almost impossible to overestimate the benefit of this work to the community if carried on by women of energy, ability, and enthusiasm.

The general destitution of the family as well as that of the patient comes under her eye, and relief through a suitable agency extends to all. Unhealthful occupations, not only of the patient, but of various other members of the household, come to her knowledge, and through a change of work better chances are provided for resisting the enemy. An instance is recalled in which a healthful change of occupation was provided for two members of a family in addition to giving the regular care to the patient.

Of equal importance is the fact that through her visits comes the light into dark places which converts ignorance into knowledge.

If properly utilized, what a contribution is available through her investigation to further knowledge of the social aspects of tuberculosis. How far can infection be prevented by such instruction, systematically given by trained workers in the homes? How great are the chances of recovery or improvement following from better food, more light and air, supplied to patients in their homes? What is known definitely concerning the relation between infected houses or rooms and those who contract this disease? What is the particular factor in the home life which predisposes more than any other to this disease? The nurses almost unanimously answer, "Poor food, poor in quality, in quantity, and, worse still, the way in which it is cooked."

Many instances have been quoted of quite astonishing results following the prescribed treatment of rest, fresh air, and good food when faithfully carried out even for a few weeks. We know that cure is not a matter of weeks, but of months or years, but the prompt visible response to right measures gives a promise which inspires confidence alike in worker and in patient. "On the whole," writes the nurse longest engaged in this work, "we are greatly encouraged by the way in which our teachings are received and acted upon, and by the results of our work generally. It seems the only way."

There are probably fifty District Nursing Societies in the various cities and towns of this country, each society supplying anywhere from two to sixteen nurses for the daily visitation of the sick poor. There are also a number of instances in which through her own initiative, or through the philanthropic impulse of one or more individuals, one nurse pursues as best she may the visitation of the sick poor and grapples single-handed with the problem of their care and relief. Such an instance comes to the mind of the writer,—namely, Newark, N. J.,—where one district nurse only is available in a city of three hundred thousand people. But summing up all the existing agencies in this direction, it is safe to say that not more than three hundred nurses for the outdoor relief of the sick poor can be found in the entire country of seventy millions of people. As a part of the general work of these nurses in their daily rounds consumptive patients and their families have been constantly visited, cared for, helped, and instructed.

But valuable as such work is, what is clearly needed is not the incidental, irregular work of any individual or group of individuals, but the full time, thought, and energy of those trained women who understand the meaning of a crusade and have caught its spirit. We want not only the groups of workers whose united effort reaches one hundred patients in the course of the year, but the rapid multiplication of the special workers whose concentrated effort brings each within the reach of five hundred patients annually.